

16569  
121503  
U.S. PTO

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

Our Docket No.: **I69.12-0612**

Date:

First Named Inventor: **Joel D. Limmer**Title: **SLANTED MOUNTING FOR PRELOAD FLAT  
SUSPENSION**Express Mail No.: **EV 302263419 US**

U.S. PTO

16018 U.S. PTO  
10/736347

121503

**APPLICATION ELEMENTS**

**Commissioner for Patents**  
**ADDRESS TO: P.O. Box 1450**  
**Alexandria, VA 22313-1450**

1.  Fee Calculation Sheet  
(Submit an original and a duplicate for fee processing)

2.  Applicant claims small entity status

3.  Specification Total Pages **[14]**

- Descriptive title of the invention
- Cross References to Related Applications
- Statement Regarding Fed. Sponsored R&D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claims
- Abstract of the Disclosure

4.  Drawings (35 U.S.C. 113) Total Sheets **[4]**

5.  Oath or Declaration Total Pages **[2]**

- a.  Newly Executed (original or copy)
- b.  Copy from a prior application (37 C.F.R. 1.63(d) - for continuation/divisional with Box 18 completed)  
[Mark Box 5 below]  
I.  DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. 1.63(d)(2) and 1.33(b)

6.  Application Data Sheet. See 37 CFR 1.76.

7.  CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8.  Nucleotide and/or Amino Acid Sequence Submission  
(*If applicable, all necessary*)

- a.  Computer Readable Copy (CRF)
- b. Specification Sequence Listing on:
  - i.  CD-ROM or CD-R (2 copies; or
  - ii.  Paper
- c.  Statements verifying identify of above copies

**ACCOMPANYING APPLICATION PARTS**

9.  Assignment Papers (cover sheet & document(s))

10.  37 C.F.R. 3.73(b) Submission

11.  Power of Attorney

12.  English Translation Document (*if applicable*)

13.  Information Disclosure Statement with copies of Citations as necessary

14.  Preliminary Amendment Total Pages **[ ]**

14.  Return Receipt Postcard (*Should be specifically itemized*)

15.  Certified Copy of Priority document(s) (*If foreign priority is claimed*)

16.  Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Application must attach form PTO/SB/35 or its equivalent

17.  Other

18. If a CONTINUING APPLICATION check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation     Division     Continuation-in-part (CIP) of prior Application No.

Prior Application Information: Examiner \_\_\_\_\_ Group Art Unit \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

ATTY NAME AND REG. NO.	David R. Fairbairn Reg. No. 26,047	SIGNATURE: 
ADDRESS	Kinney & Lange, P.A. THE KINNEY & LANGE BUILDING 312 South Third Street Minneapolis, MN 55415-1002	
TELEPHONE	(612) 339-1863	
	FAX: (612) 339-6580	

# FEE TRANSMITTAL

Complete if Known

Application No.

Herewith

First Named Inventor

Joel D. Limmer

Group Art Unit

Examiner Name

Total Amount of Payment \$810.00

Atty. Docket Number

I69.12-0612

## METHOD OF PAYMENT (Check One)

1.  The Commissioner is hereby authorized to charge any additional fee required under 37 C.F.R. 1.16 and 1.17 and credit any over payments to Deposit Account No.11-0982. Deposit Account Name: Kinney & Lange, P.A. A duplicate copy of this communication is enclosed

2.  Check Enclosed

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description
1001	770	2001	385	[X] Utility Filing Fee
1002	340	2002	170	<input type="checkbox"/> Design Filing Fee
1004	770	2004	385	<input type="checkbox"/> Reissue Filing Fee
1005	160	2005	80	<input type="checkbox"/> Prov. Filing Fee

Subtotal (1) \$770.00

### 2. EXTRA CLAIM FEES

Number Claims	Prior**	Extra	Fee from Below	Fee Paid
Total	19	-	20	= 0 x * = 0
Indep.	3	-	3	= 0 x * = 0
Multiple Dependent Claims				* = *

\*\*Insert 3 and 20, or number previously paid if greater; Reissue see below

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple Dependent Claim
1204	86	2204	43	Reissue Independent Claims Over Original Patent
1205	18	2205	9	Reissue claims in excess of 20 and over original patent

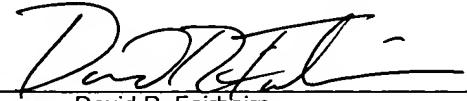
Subtotal (2) \$

## FEE CALCULATION (Continued)

### 3. ADDITIONAL FEES

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description	Fee paid
1051	130	2051	65	Surcharge - Late filing fee or oath	*
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	*
1053	130	1053	130	Non-English specification	*
1812	2,520	1812	2,520	For Filing a Request for Reexamination	*
1251	110	2251	55	Extension for reply within first month	*
1252	420	2252	210	Extension for reply within second month	*
1253	950	2253	475	Extension for reply within third month	*
1254	1,480	2254	740	Extension for reply within fourth month	*
1255	2,010	2255	1,005	Extension for reply within fifth month	*
1402	330	2402	165	Filing a brief in support of an appeal	*
1403	290	2403	145	Request for oral hearing	*
1814	110	2814	55	Terminal Disclaimer Fee	*
1452	110	2452	55	Petition to revive - unavoidable	*
1453	1,330	2453	665	Petition to revive - unintentional	*
1501	1,330	2501	665	Utility/Reissue issue fee	*
1502	480	2502	240	Design issue fee	*
1460	130	1460	130	Petitions to the Commissioner	*
1807	50	1807	50	Petitions related to provisional applications	*
1806	180	1806	180	Submission of Information Disclosure Statement	*
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	40
1801	770	2801	385	Request for Continued Examination (RCE)	*
Other fee (specify) _____					*
					Subtotal (3) \$40.00

Signature



David R. Fairbairn

Reg. No.

26,047

Date

12/15/03

Deposit Account No.

11-0982